W	ISSOL	JRI DI	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DO NOT WRITE	AME	NDED	_R	Registration District No. 317 Primary Registration District No. 544 Registrar's No. 284 STATE FILE NUMBER
ON THIS STUB		1 1	-	1. PERC he heard JUL 3 1 1962 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a STATE A// b COUNTY
VS 300 Rev. 4/59	1050		_	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c. CITY   Inside Limits
341	AMENDED		<b>!</b>	TOWN Clayton, Mo DAYS TOWN Brestubod Yes EL-NO [
1400.2	DATE A			c. FULL NAME OF (If NOT A hospital, give location) HOSPITAL OR HOS
240112	à		<b> </b> =	3 NAME OF DECEASED First Middle Last L4 DATE Month Day Year
3				(Type or print)  Tessic Hawkins DEATH 7 14 62
4 )			-:	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 MR Widowed Divorced Divorced Of AGE (last birthday) Nonths Days Hours Min.
5 2			70	0s. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSHNESS OR INDUSTRY 11: BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6			<b> </b>	during prost of Working life, even if fetifed) This Nag Co Warsaw (ak 7), S. A.  38. FATHER'S NAME  14. NAME & HUSBAND OR WIFE
7 /			"	Billio Hawking Mary Me, Camey dead-BEULA-
8 1	2			5. WAS DECEASED EVERAN V.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 17. INFORMANT Address 9101
9/77X		늘	_	(es, no, or unknown) [If yes, give war or dates of services of the services of
	, , ,	DOCUMEN	:	IMMEDIATE CAUSE (a) Advances immy Prostate
<u> </u>	ADO			Conditions, if any, ) DUE TO (b)
1245-0	I 1			which gave rise to above cause (a), stating the under-
,13 F	1 1 1		z	lying cause last. Due to (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female wa
l l	1 1 1		ATIO	disease condition given in PART I (e)  ASHD  there a pregnancy in last 90 days  yes No Unknow
Z C			CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO PART I OF PART II OF ITEM 18.)
				YES NO DAY NO THE NO THE NO THE NO THE NO THE NEW YES NO THE NO THE NEW YES NO TH
RIBBON			MEDICAL	INJURY a.m. p.m.
BLACK INK OR RITER RIBBC			_	20d. INJURY OCCURRED  20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK   farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK
USE BLACH OR TYPEWRITER	READ			21.   attended the decessed from 6 - 27-62 to 7-14-62 and last saw her him alive on 7-14-62
: BL (				Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.
USE	SHOULD	P		22e. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNE
F	1-1-1	- - ₹  - - -	23	3a. BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county) (State)
	S S	AFFIDAVIT		PEMOVA (Specify) 1/20/62 Green Wood CeM. S. T. DUIS COUNTY, M.
	ITEM	3₹ A		TENERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE  THE BENTS WORD, COSHIGN, TRYLOR 7-16-62  SING. Murphy MY
	<del></del>	1 1-		

## STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	War in Afficials
udent	SignedSigned
Signature of Student Embalmer	
	Licensed Embalmer No. 44 3

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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